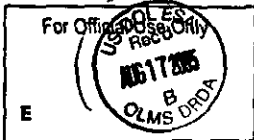


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|--|
| 1 File Number U <u>9464</u> | 2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u> |
| 3 Name and address of person filing Name <u>Thelma Dunlap</u> P O Box Bldg Room No if any Street <u>3354 Perimeter Hill Dr , Ste # 220</u> City <u>Nashville, TN</u> State <u>TN</u> ZIP Code + 4 <u>37211</u> | 4 Name file number and address of labor organization Name <u>Communications Workers of America</u> Labor Organization File Number <u>002389</u> P O Box Building and Room Number if any Street <u>3516 Covington Highway</u> City <u>Decatur, GA</u> State <u>GA</u> ZIP Code + 4 <u>30032</u> |
| 5 Position in labor organization | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|--|---|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name <u>BellSouth Telecommunications Corp</u> Trade Name if any P O Box Bldg Room No if any Street <u>1155 Peachtree St , NE</u> City <u>Atlanta, GA</u> State <u>GA</u> ZIP Code + 4 <u>30309-</u> | 7 a Nature of Interest Transaction or Income <u>I am an employee of Bellsouth on leave of absence I retain my rights to return to work, and I continue to accrue seniority Expenses are negotiated in the contract or are long standing practices</u> 7 b Amount <u>\$429 92</u> |

Signature

| | | |
|---|---------------------------|---|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | | |
| Signed <u>Thelma Dunlap</u> | On <u>8/12/05</u> Date | <u>615 331-4890</u> Telephone Number |